



Commonwealth
of Massachusetts

**Form CPF M 102: Campaign Finance Report
Municipal Form**

Office of Campaign and Political Finance CITY OF NEW BEDFORD

2013 OCT 1 PM 1:27

File with:
City or Town Clerk or Election Commission

BOARD OF ELECTIONS 9/27/2013
COMMISSIONER

Reporting Period - Beginning: 1/1/2013 Ending: 9/20/2013

Type of report: Pre-primary

David Alves

Full Name of Candidate

Councilor at Large

Office Sought/ District

356 Valley Road
New Bedford, MA 02745

Residential Address

Committee to Elect David Alves

Committee Name

Vivian Alves

Name of Committee Treasurer

356 Valley Road
New Bedford, MA 02745

Committee Address

SUMMARY BALANCE INFORMATION

Ending Balance from previous report:	\$20,603.97
Total receipts this period:	\$2,221.82
Subtotal:	\$22,825.79
Total expenditures this period:	\$3,218.10
Ending Balance:	\$19,607.69
Total inkind contributions this period:	\$0.00
Total outstanding liabilities:	\$0.00
Name of bank(s) used:	Webster Bank

Affidavit of Committee Treasurer:

I certify that I have examined this report, including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity including all contributions, loans, receipts, expenditures, disbursements, inkind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Vivian Alves
Treasurer's signature (in ink)

9/30/2013
Date

Affidavit of Candidate (check 1 box only) :

☒ **Candidate with Committee and no activity independent of the committee**

I certify that I have examined this report, and attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ **Candidate without Committee OR candidate with independent activity filing separate report.**

I certify that I have examined this report and attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity including contributions, loans, receipts, expenditures, disbursements, inkind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

David Alves

Schedule A: Receipts

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

Date	Name and Residential Address	Amount	Occupation and Employer
9/5/2013	Camara, Michael Po Box 51583 New Bedford, MA 02745	\$300.00	C E O A B C Disposal
9/5/2013	Miller, Debra Joyce Anne 85 Porter St Acushnet, MA 02743	\$160.00	
9/18/2013	Stone, John 1221 E Rodney French Blvd New Bedford, MA 02744	\$100.00	
4/1/2013	Sullivan, Williams & Quintin 651 Orchard Street New Bedford, MA 02744	\$250.00	
9/9/2013	Teamsters Local Union No. 59 27 So. Sixth Street New Bedford, MA 02740 Philip Sullivan	\$80.00	
9/17/2013	Xifaras, Robert 134 S 2nd St Apt 410 New Bedford, MA 02740	\$70.00	
Total Itemized Receipts		\$960.00	
Total Unitemized Receipts		\$1,261.82	
Total Receipts		\$2,221.82	

Schedule B: Expenditures

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures over \$50 and under may be added together from committee records, and reported on line 13.

Date	Name and Address	Amount	Purpose
4/18/2013	Berthiaume Re-Election Campaign Arnold Place New Bedford, MA 02740	\$90.00	Donation
3/26/2013	C T E Bruce Oliveira Plymouth St New Bedford, MA 02740	\$70.00	Donation
8/12/2013	Mendonca's Florist 1364 Acushnet Ave New Bedford, MA 02746	\$85.69	Gifts Given
2/28/2013	Mickey B's Acushnet Ave New Bedford, MA 02745	\$85.00	Volunteer Party
6/14/2013	Phil Lopes 15 Pope Street New Bedford, MA 02740	\$150.00	Garage Rental
8/12/2013	Phil Lopes 15 Pope Street New Bedford, MA 02740	\$150.00	Garage Rental
2/12/2013	Phil Lopes 15 Pope Street New Bedford, MA 02740	\$150.00	Garage Rental
4/19/2013	Phil Lopes 15 Pope Street New Bedford, MA 02740	\$150.00	Garage Rental
8/20/2013	Postmaster Pleasant Street New Bedford, MA 02740	\$200.00	Bulk Rate Permit
8/3/2013	Postmaster Pleasant Street New Bedford, MA 02740	\$926.84	Postage
4/24/2013	Red Sox Foundation Boston, MA 02101	\$100.00	Run-Walk To Home Base Fund Raiser

Date	Name and Address	Amount	Purpose
9/9/2013	W B Mason 59 Centre St Brockton, MA 02301	\$15.98	Supplies Fund Raiser
9/3/2013	W B Mason 59 Centre St Brockton, MA 02301	\$85.76	Supplies Fund Raiser
Total Itemized Expenditures		\$2,259.27	
Total Unitemized Expenditures		\$958.83	
Total Expenditures		\$3,218.10	

Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind contributions of more than \$50. In-kind contributions \$50 and under may be added together, from the committee's records, and included in line 16. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date	Name and Residential Address	Value	Description Occupation/Employer
	Total Itemized Inkind Contributions	\$0.00	
	Total Unitemized Inkind Contributions	\$0.00	
	Total Inkind Contributions	\$0.00	

Schedule D: Liabilities

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as the liabilities incurred during this reporting period.

Date	To Whom Due	Amount	Purpose
Total Outstanding Liabilities		\$0.00	